

GLOSSARY**UNITED STATES RENAL DATA SYSTEM (USRDS)**

This system collects and distributes data about end-stage renal disease from the United Networks Organ Sharing transplantation registry and the Centers for Medicare and Medicaid Services; it is the largest registry of renal transplant patients

of life—would be helpful, but requires further study of some variables.

Rachael Williams

Original article Webster AC *et al.* (2005) Tacrolimus versus ciclosporin as primary immunosuppression for kidney transplant recipients: meta-analysis and meta-regression of randomised trial data. *BMJ* 331: 810–820

Multidisciplinary care for kidney disease patients

Multidisciplinary kidney disease clinics—incorporating a range of specialists such as dietitians and nurse educators—have been recommended for the management of patients with chronic kidney disease. A recent Canadian study has assessed the effectiveness of this approach, with a particular focus on blood pressure and metabolic control, medication, and preparation for dialysis.

Thanamayooran and colleagues carried out a 4-year follow-up of a cohort of chronic kidney disease patients ($n=340$ at study start, dropping to 70 at 4-year follow-up; mean age 67 years), who had been referred to their nephrology clinic. In a previous study, the authors reported that several aspects of this same cohort's care had been below standard at referral.

Although improvements were noted following referral, results indicated that the patients' management failed to reach the recommended standard in many cases. For example, an overall improvement in phosphate control was recorded during follow-up, but more than a quarter of patients with a creatinine clearance of less than 0.5 ml/s had hyperphosphatemia. Similarly, blood pressure control improved in the group as a whole, but 62% of patients failed to achieve blood pressure levels below 130 mmHg systolic or 85 mmHg diastolic throughout follow-up.

The authors suggest that benchmarks are now needed for chronic kidney disease management, to help define the optimum level of care.

Ruth Kirby

Original article Thanamayooran S *et al.* (2005) Effectiveness of a multidisciplinary kidney disease clinic in achieving treatment guideline targets. *Nephrol Dial Transplant* 20: 2385–2393

Hemodialysis: does hemoglobin level affect vascular access survival?

In renal disease patients on dialysis, the correction of anemia has clear benefits, including an improvement in quality of life. There is some evidence, however, that this intervention increases the risk of vascular access thrombosis. These factors have been studied by Garrancho and colleagues.

The investigators recruited 1,254 consecutive dialysis patients with arteriovenous fistulae ($n=1,057$), grafts ($n=75$) or permanent catheters ($n=122$) as their first vascular access for hemodialysis, which had begun <1 month previously. During the 9-month follow-up, hemoglobin levels were within the range 100–120 g/l in the majority of cases.

Vascular access failure was more than twice as likely in patients with grafts as in those with arteriovenous fistulae. It is noted that these two groups differed in terms of the proportion of male and female patients, the prevalence of diabetes and other factors. Among the arteriovenous fistulae group, the analysis revealed a significant, 1.8-fold increased risk of vascular access failure in the patients with severe anemia (hemoglobin <100 g/l) compared with hemoglobin levels of 100–120 g/l. Patients with near-normal hemoglobin levels (>120 g/l), however, did not appear to be at increased risk of vascular access failure in either the fistulae or grafts groups.

Commenting on various protective and negative predictive factors also studied, the authors conclude that correction of anemia did not confer risk of vascular access failure in this population.

Ruth Kirby

Original article Garrancho JM *et al.* (2005) Haemoglobin level and vascular access survival in haemodialysis patients. *Nephrol Dial Transplant* 20: 2453–2457

Importance of screening for melanoma in renal transplant recipients

Immunosuppressed kidney transplant recipients could have an increased risk of developing malignant melanoma. This suspicion has been affirmed by comparison of USRDS